



Issue Paper

***Nurses Involvement in Nursing Home Culture Change:
Overcoming Barriers, Advancing Opportunities
Executive Summary***

**From the Hartford Institute for Geriatric Nursing
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Executive Summary

In nursing homes, the movement away from institutional, provider-driven models of care to more humane consumer-driven models of care that embrace flexibility and resident self-determination has come to be known as *culture change*. In an effort to rebalance the priorities of nursing home care, the Pioneer Network, formed in 1997, developed a vision, a set of principles, and goals for culture change that makes resident-directed care *the* guiding or defining standard of practice for nursing homes (<http://www.pioneernetwork.net/>).

The principles and methods of culture change are sensitive and responsive to individual resident preferences and quality of life and promote quality of care and economic viability in a highly competitive nursing home market. A substantial number of nursing homes involved in culture change have become exemplars of care. Thus, in all likelihood, culture change will have an impact on more nursing homes, with implications for nursing clinical practice, administration, education, and research.

As nursing homes move from an institutional to a more resident-directed care¹ environment, the clinical care provided and directed by professional nurses^{2, 3, 4} remains critical and central to both quality of care and quality of life. Nursing home transformation to this new model of care encompasses themes (e.g., autonomy in personal choices for the residents, consistent staffing, and a less vertical organizational approach) that directly impact nurses and their practice.

The goals and philosophy of culture change and the goals of nursing are highly compatible. The fundamental principles of nursing care support and incorporate resident-directed care. Nursing home residents would not be in nursing homes if they did not need the care of professional nurses, especially following hospitalization or for chronic-disease management. Providing coordinated, evidence-based clinical nursing care in the context of a resident-directed philosophy of care requires intensive nursing participation. To foster and promote a team approach to care, in which direct-care staff are involved in decision making about resident care and how the work is organized, nurses also need to be care team leaders and role models. Core competencies for nurses in a resident-directed environment, and articulation of the essential role nurses play in helping to lead culture change efforts, are necessary.

¹ In this paper, resident-directed care encompasses other similar terms such as resident-centered, person-directed, or person-centered care.

² In this paper, professional nurse or nurse refers to Registered Nurses (RNs) (diploma, associate degree and baccalaureate preparation)

³ The Expert Panel members acknowledge the importance and contribution of Licensed Practical Nurses (LPNs) in the delivery of care to residents in culture change nursing homes. The focus of this paper, however, is on RNs. While a simultaneous discussion of the role of LPNs is not possible, the Expert Panel members support the need for a similar review of the role of LPNs in nursing home culture change.

⁴ By focusing on nursing only, this paper does not address the importance of social work, physicians and other health care professions in implementing culture change

Culture change thus poses a number of dilemmas for nurses. Culture change challenges nurses' traditional notions of accountability for the clinical care of residents, especially when caregiving is distributed among nursing and non-nursing staff and decisions are being made at residents' bedsides without nurses' input. It raises issues of whether nurses are practicing within their scope of practice with regard to delegation of nursing responsibilities, or whether they are violating professional and regulatory requirements. The professional nursing associations representing nurses who work in nursing homes have not had either leadership or significant participatory roles in developing a vision for the role of nurses in the evolving culture change initiative. It is, therefore, no wonder that nurses feel ill prepared and uncomfortable when asked to lead initiatives in resident-directed care.

To further explore and make recommendations about the role and competencies for nurses with regard to nursing home culture change, in 2008 the Hartford Institute for Geriatric Nursing at NYU College of Nursing, in collaboration with the Coalition for Geriatric Nursing Organizations and the Pioneer Network, convened an interdisciplinary Expert Panel of leaders in culture change and in gerontological nursing for a one-and-a-half-day meeting. The purpose of this meeting was to foster dialogue, to identify facilitators and barriers to nurses' involvement in culture change, and to identify actions that the culture change movement and the broad nursing community might consider in order to promote competencies for nurses in a resident-directed care environment in nursing homes.

The Issue Paper *Nurses' Involvement in Culture Change: Overcoming Barriers, Advancing Opportunities* summarizes the Expert Panel discussion and frames the competencies that need to be developed for nurses involved in culture change and resident-directed care. The paper encompasses five sections: culture change and research supporting culture change; nursing in nursing homes; culture change, nursing practice, and nursing education; recommendations; and next steps. We hope the paper will promote discussion as to the actions that might be considered by the broad nursing community (e.g., educators, researchers, and practitioners), leaders of culture change, consumers and consumer advocates, interdisciplinary professional team members, and policy makers to promote and examine nursing competencies, nursing home culture change, and resident-directed outcomes.

RECOMMENDATIONS

The recommendations of the Expert Panel in relation to Registered Nurses are presented in the Issue Paper in two parts: recommendations for the practicing nurse and recommendations for academic programs preparing professional nurses. These Recommendations address issues of importance to nursing home administrators, nurse educators, and policy makers. The recommendations are summarized below.

Recommendations for Nursing Homes Regarding the Practicing Nurse

Recommendation 1: Develop and distribute a Statement of Goals for Practicing Nurses in Culture Change Nursing Homes.

Recommendation 2: Develop competencies for nurses practicing in culture change nursing homes. At a minimum, the Expert Panel proposes competencies for nurses in nursing homes that:

- Position the nurse for leadership consistent with the principles of culture change and the climate of promoting a self-directed team of licensed and unlicensed staff (a core principle of a professional nurse practice model)
- Reflect the inclusion of nurses in decision making (e.g., hiring of nursing staff; staffing plans and practices; the development of policies and procedures) that promote and reflect evidence-based nursing practice in a culture change environment
- Relate to professional development (e.g. provision of relevant continuing education; a process for professional recognition and advancement) in a culture change environment
- Address the care needs of various populations within the nursing home (e.g., long-stay and short-stay residents, residents with profound cognitive deficits; residents receiving palliative and end-of-life care)
- Address nursing accountability for clinical care in a culture change environment
- Address nurse-sensitive resident outcomes to enable facilities that have adopted the components associated with the Artifacts of Culture Change instrument to measure their process and progress on the culture change pathway
- Address relationships among all nursing staff (e.g. advanced practice nurses, licensed practical nurses, certified nursing assistants) in culture change nursing homes
- Relate to evaluation and application of culture change research for nursing practice
- Relate to understanding the value of, and being able to operate effectively within, interdisciplinary teams, recognizing the importance of disciplines other than nursing (e.g., social work, pharmacy, physical and occupational therapy) to the essential health of the resident

Recommendations for Nursing Education

Recommendation 3: Conduct a comprehensive review of culture change content in pre-licensure (associate degree and bachelor of nursing) nursing programs.

Recommendation 4: Disseminate existing tools/resources on culture change and nursing's role in culture change to academic nursing programs, including strategies for incorporating this content into the curriculum.

Recommendation 5: Create new tools/resources based on the competencies for nurses in nursing homes.

Recommendation 6: Identify research priorities for examining the role of nurses in nursing home culture change. These include agreement on operational definitions for key concepts in culture change (e.g., consistent assignment), further psychometric evaluation of culture change measures, and the need for a guiding framework for culture change research. Organizational structures to support research on nursing and culture change should speak to the leadership and conduct of the research initiative and reflect questions such as:

- How have RNs in various roles (director of nursing, MDS coordinator, nurse manager) in culture change organizations modified/adapted their role?
- What are the skills, knowledge, and abilities needed by professional nurses for nursing home culture change?
- What impact does nursing home culture change have on nurses' job satisfaction and retention?
- How can the nursing profession ensure that the nursing hours per resident (HPRD) required by residents is actually being provided when universal workers are providing nursing services among other responsibilities?
- Do residents, families, and visitors have expectations related to roles (e.g., charge nurse, CNA) and unit layouts (e.g., nursing station/desk) in nursing homes that are at odds with roles and layouts in small house models?
- What methods of assessment and care planning are used by nurses in nursing homes with resident-directed care, and what is the impact of each method?
- What strategies do culture change nursing homes use to improve nurse-sensitive outcomes related to "hand-offs" during a resident's transition to other settings?
- How do nurse-sensitive resident, nursing home, and costs of care outcomes in culture change nursing homes compare to non-culture change homes?